

2024

**Employee Health Insurance Premium
With Health Risk Assessment Completed (HRA) by Employee**

Class	Employee Monthly	County Monthly	Total	Employee Bi-Monthly
Employee Only	195.00	366.00	561.00	97.50
Employee + Spouse	445.00	428.00	873.00	222.50
Employee + Child	430.00	428.00	858.00	215.00
Employee + Family	545.00	428.00	973.00	272.50

2024

**Employee Health Insurance Premium
Without Health Risk Assessment by Employee**

Class	Employee Monthly	County Monthly	Total	Employee Bi-Monthly
Employee Only	295.00	366.00	661.00	147.50
Employee + Spouse	545.00	428.00	973.00	272.50
Employee + Child	530.00	428.00	958.00	265.00
Employee + Family	645.00	428.00	1073.00	322.50

2024 Dental Insurance

Low Plan	Employee Monthly	High Plan	Employee Monthly
Employee Only DEL	\$18.96/ 9.48 Bi-M	Employee Only DEH	\$38.04/ 19.02 Bi-M
Employee + Family DFL	\$52.98/ 26.49 Bi-M	Employee + Family DFH	\$100.97/ 50.49 Bi-M

2024 Vision Insurance

Employee Only VIE	Monthly	\$5.88	Bi-Monthly	2.94
Employee + Family VIF	Monthly	\$13.56	Bi-Monthly	6.78